PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Appl	icati	on	or	Docket	Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER			
TOTAL CLAIMS		20					RATE	FEE	1	RATE	FEE	
FC	FOR		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TO	TOTAL CHARGEABLE CLAIMS		∧ [©] minus 20=		* -6-		,	X\$ 9=		OR	X\$18=	
INI	DEPENDENT C	/) minus 3 =		* 1			X42=		OR	X84=		
MU	MULTIPLE DEPENDENT CLAIM PE			RESENT				+140=		OR	+280=	
* 11	* If the difference in column 1 is le			ess than zero, enter "0" in column 2			1	TOTAL			TOTAL	9
CLAIMS AS AMENDED - PART II								-		OTHER	THAN	
(Column 1)			(Column 2) (Column HIGHEST			(Column 3)		SMALL ENTITY			SMALL	ENTITY
AMENDMENTA		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus				1	X42=		OR	X84=	
ᅡ	T I I I I I I I I I I I I I I I I I I I	INTATION OF IM	JETH LE DE	LINDLINI	CLAIN		1	+140=		OR	+280=	
							1	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colur		(Column 3)		ADDII. FEE		•	ADOIL TEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	П	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CLAIN	-	11	X42=		OR	X84=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT: FEE	
_		(Column 1)		(Colun		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		-	11	X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	***	CL AINA		11	X42=		OR	X84=	
┞	THOTFILOL	·	JETIFLE DE	CINDENT	CLAHVI		۱ '	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE								OB	TOTAL			
***	if the Phylics Number Previously Paid For In I'm Is SPACE is less than 20, enter 20. ADDIT. FEE											